Education and Communication: Words Matter

By Sue Rosenthal, BA, MA

The use of precise, clear words is essential in all communications, but for communicators and educators in health care, this can be a matter of life and death. Without clear communication, mistakes can happen, patients can be unsure of what to do and follow-up can fall through the cracks.

As members of health-care teams, our main function is to communicate. All other activities follow from this. Therefore, our most important responsibility is to paint a clear picture with each communication to reduce confusion and ensure consistency of vision among professionals. We must get it right.

At Wounds Canada, we recently revised several of the best practice recommendation (BPR) articles that originally appeared almost 20 years ago. During the process, we came across terminology that would benefit from an update to improve clarity and align more closely with the Wounds Canada philosophy of wound prevention and management.

Below are a number of the more high-profile terms that have been either updated in the BPRs or that we felt needed to be defined here to ensure common understanding.

Guideline versus *Recommendation*

Many people consider guidelines and recommendations to be the same, and, in common usage, there is generally no difference between the two. You will often see "guidelines" that provide "recommendations" for practice. At Wounds Canada, we *do* use the two terms differently. Our BPRs take existing guidelines developed by other organizations and synthesize the information contained in them. The BPRs then extend the content by providing more detailed information on the prac-

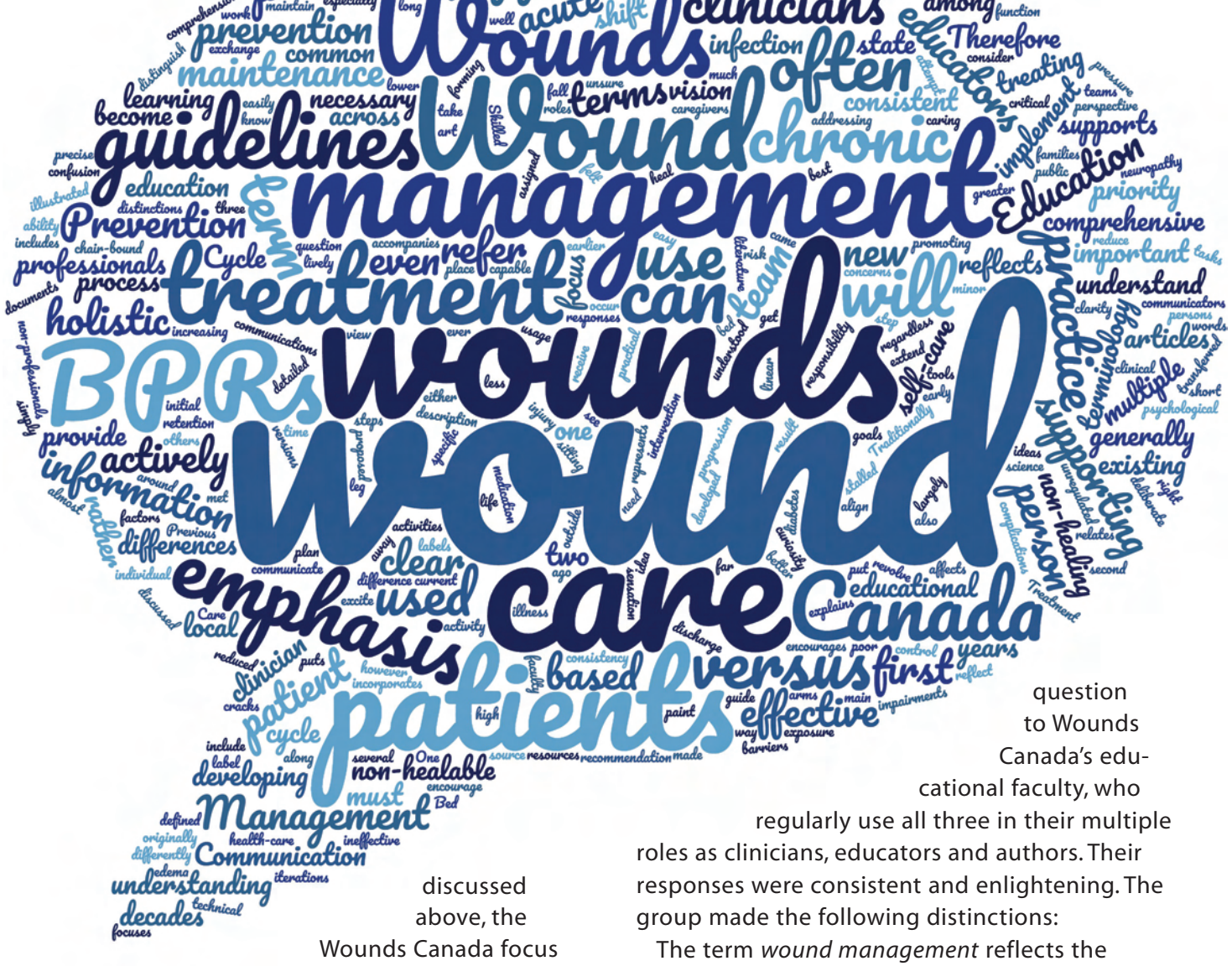
tical application of the concepts established by the guidelines and other supporting documents. Though others often refer to the Wounds Canada BPRs as *guidelines*, we refer to them as *recommendations* to distinguish them from the guidelines on which they are based.

Emphasis on Prevention

The updated BPR articles have a stronger emphasis on prevention than the previous iterations. This reflects the importance Wounds Canada places on promoting earlier intervention for high-risk patients *before* wounds occur. Traditionally, the organization had focused on chronic wounds. Over time, however, there has been increasing awareness that to prevent chronic wounds, all wounds, including surgical and minor acute wounds, must be managed properly if the result is to be a normal healing trajectory. In patients who are at high risk for developing wounds, such as persons with peripheral neuropathy, lower leg edema, and those who are bed- or chair-bound with reduced sensation, the first priority is to implement strategies to prevent wounds from forming in the first place. The second priority is to prevent complications from developing in existing acute wounds, so they do not become chronic. The strong emphasis in the BPRs on the first step of the Wound Prevention and Management Cycle—a thorough and holistic assessment—supports these concepts.

Cycle versus *Pathway*

Previous versions of the BPRs were based largely on the Preparing the Wound Bed Paradigm, illustrated as a pathway with multiple arms addressing factors a clinician needed to address when treating a person with a chronic wound. As



discussed above, the Wounds Canada focus has broadened to include a greater emphasis on prevention, so the new cycle incorporates steps that go far beyond chronic wound treatment. As well, the shift away from a linear progression, or pathway, is a deliberate attempt to reflect the need for regular reassessment and adjustments where necessary, depending on whether the goals of care have been met. Response to the new cycle from clinicians across the country confirms that this approach is easy to follow and will better guide practice through the two-fold emphasis on comprehensive initial assessment and regular reassessment as required.

Treatment versus *Care* versus *Management*

What are the differences among the terms *wound treatment, wound care* and *wound management*? These are often used interchangeably, so I put the question to Wounds Canada's educational faculty, who regularly use all three in their multiple roles as clinicians, educators and authors. Their responses were consistent and enlightening. The group made the following distinctions:

The term *wound management* reflects the holistic assessment and management of the person and their wound (as outlined in the Wound Prevention and Management Cycle) and includes elements such as diabetes control, pressure management, infection management and psychological concerns. It represents a holistic perspective on care that is supported by an interprofessional team. Communication with other professionals tends to revolve around the term *wound management,* as it is a more comprehensive way to describe what clinicians do. Wound management is so much more than treatment, therapy or local wound care. The focus of wound management is on supporting the patient rather than simply treating the wound.

Wound treatment focuses on components of local wound care and treatment such as debridement, infection control and moisture management.

Wound care is the term most often used with

the public, patients, caregivers and unregulated care providers. It is a label assigned to the "art and science" of the specialty. As a less technical and more "caring" phrase, *wound care* is appropriate for use with all non-professionals. It is especially effective when actively supporting patients who are learning how to care for their own wounds.

Maintenance Wound versus *Non-healing* or *Non-healable Wound*

One of the changes that generated lively debate relates to the use of *maintenance* to describe a wound, as in "maintenance wound." The BPRs recommend that the terminology used to describe wounds be *healing* (wounds that are in the process of actively closing), *non-healing* (wounds that have stalled and are not actively closing) and *non-healable* (wounds that have no potential to heal regardless of any proposed treatment). These labels provide a consistent and parallel description scheme for wounds based on the state they are in, not on the approach to treatment the health team has decided on (as in, "we will 'maintain' the wound in its current state"). Our view is that patients and their families, and even clinicians new to wound care, will more easily understand when a team member explains that a wound is a "non-healing wound" or "non-healable wound," rather than a "maintenance wound."

Patient Education

For decades the term *patient education* has been used to refer to the necessary "instruction" patients receive when being discharged from one setting to another. With an emphasis in most Canadian regions on early discharge from acute care and self-management, it is essential that patients understand how to care for themselves outside clinical settings. Therefore, clinician support that encourages and supports well-informed and capable patients has become more important than ever.

Education is generally understood to be an activity where information is transferred from one source to an individual or group of individuals in a formalized setting or format. For people under stress (which often accompanies illness or injury), or on medication that affects comprehension or retention, or with impairments such as poor hearing or vision, or who have been out of formal educational settings for years or decades, this method can be ineffective, even when accompanied by how-to literature. Language differences and a one-size-fits-all approach can also create barriers to understanding and the ability to implement even a simple self-care plan.

A more effective method is a shift from "education" to "learning," which puts the emphasis on idea exchange and exposure to and discussion of resources and tools, along with training and practice for specific tasks. Skilled "educators" know the most effective approach is to excite patient curiosity and encourage critical thinking about and commitment to self-care by sitting down with the person and exchanging ideas on what will work for them, in the short and long term.

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